NeutraSal® is indicated for dryness of the mouth (hyposalivation, xerostomia), oral mucositis, and dryness of the oral mucosa due to drugs that suppress salivary secretion3

- For xerostomia, use 2-10 times daily or as needed; for oral mucositis, use 4-10 times daily or as needed

Established Safety Profile3
- No known interactions with medicinal or other products
- No adverse events anticipated if swallowed accidentally

Important Safety Considerations
- Contains sodium; consult with patients on a low-sodium diet before use
- Patients should avoid eating or drinking for at least 15 minutes after use
- Not intended to prevent xerostomia or oral mucositis or for use as an antacid or antibiotic rinse
- Not intended for systemic use to treat any diseases of the throat or upper gastrointestinal tract

Please see accompanying Instructions for Use for more information.

As low as $0 copay for eligible patients with commercial insurance*

NeutraSal® (Supersaturated Calcium Phosphate Rinse)
In the treatment of xerostomia symptoms

**Xero in on proven dry mouth relief with prescription NeutraSal® 3-5**

Percentage of patients in a clinical study with varying degrees of dry mouth symptoms† who reported improvements³:

<table>
<thead>
<tr>
<th>Swallowing</th>
<th>90%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinking</td>
<td>93%</td>
</tr>
<tr>
<td>Eating</td>
<td>80%</td>
</tr>
<tr>
<td>Taste Disorders</td>
<td>86%</td>
</tr>
<tr>
<td>Ability to Speak</td>
<td>90%</td>
</tr>
</tbody>
</table>

**Clinical Outcomes³**

- Average salivary pH for study patients improved from 5.9 to 7.0 pH
- 93% of patients showed a decrease in *S. mutans* bacteria, aiding remineralization
- Calcium and phosphate ingredients also aid in remineralization

30 patients with varying degrees of xerostomia symptoms rinsed with NeutraSal® 2-3 times a day for 28 days. Subjective patient self-assessment using Dry Mouth Questionnaire assessed severity of symptoms on Day 1 vs Day 28.

See Important Safety Considerations on reverse side and accompanying Instructions for Use for more information.

For more information about NeutraSal®, contact your OraPharma representative or visit www.NeutraSal.com

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*Eligibility Restrictions and Requirements:* This offer is only valid for patients with commercial insurance where NeutraSal® Supersaturated Calcium Phosphate Rinse is a covered medication. This offer is not valid for any person eligible for reimbursement of prescriptions, in whole or in part, by any federal, state, or other governmental programs, including, but not limited to, Medicare (including Medicare Advantage and Part A, B, and D plans), Medicaid, TRICARE, Veterans Administration or Department of Defense health coverage, CHIP, the Puerto Rico Government Health Insurance Plan, or any other federal or state health care programs. By using this program, the patient agrees not to seek reimbursement for all or any part of the benefit received through this offer and is responsible for making any required reports of use of this offer to any insurer or other third party who pays any part of the prescription filled. This offer is good only in the United States of America (including the District of Columbia, Puerto Rico and the U.S. Virgin Islands). This offer is not valid where otherwise prohibited, taxed, or otherwise restricted and not valid for any person that is 65 years of age or older without commercial insurance. Patients must be 18 years of age or older to redeem this offer for themselves or a minor. This offer cannot be redeemed at government-subsidized clinics. This offer is valid for one (1) initial prescription fill of NeutraSal® and up to ten (10) prescription refills. The maximum benefit available is $150 per box. Participating patients are responsible for all costs and expenses after the maximum benefit is reached. If the patient receives coverage through a health savings account (HSA) or similar arrangement, it is the patient's responsibility to know how claims are processed and understand that amounts paid by the third party for their NeutraSal® prescription may be deducted from their benefits limit automatically. This offer is not valid with other offers. The coupon has no cash value or cash back. This offer is not health insurance. This offer expires on December 31, 2016. Valeant Pharmaceuticals and OraPharma reserve the right to rescind, revoke, terminate, or amend this offer at any time, without notice.

**References:**
3. NeutraSal® [package insert], Invado Pharmaceuticals LLC.